

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

**AMENDMENT****Instructions**

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 1401 United Plaza Blvd., Suite 200, Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME STEVENS John W  
Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_2. BUSINESS PHONE (225) 927-9737

1990578

3. BUSINESS ADDRESS 4815 Jamestown Ave Ste 103 Baton Rouge, La 70808  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_MAILING ADDRESS Same  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_4. EMPLOYER LA Asphalt Pavement Association5. EMPLOYER'S ADDRESS 4815 Jamestown Ave Ste 103 Baton Rouge, La 70808  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_6. Have you ceased or terminated all lobbying activities requiring registration? Yes  No 

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Asphalt Pavement Association  
Address 4815 Jamestown Avenue, Ste 103 Baton Rouge, La 70808  
Business or purpose Asphalt Association New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

 Terminated Representation as of 12/31/98

10	11
12	13
14	15
16	17
18	19
20	21
22	23
24	25

**SUPPLEMENTAL REGISTRATION FORM**

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
 Signature of Lobbyist

Form 501, Rev. 6/94